. S. No. 2
—11-10-39
v. 5-17-39
I X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 8862

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2345

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
De Paul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 1/2 Mo's. (Specify whether years, months or days)
In this community 14 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 10

(d) Street No. 4141 Lexington Ave. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Lillian M. D. Koons

3. (b) If veteran, name war

3. (c) Social Security No. 491-16-9781

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elmore W. Koons

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased May 15, 1911 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 28 | 9 | 24 | hr. min. |

9. Birthplace Perryville, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Heel Coverer

11. Industry or business Convey Heel Co.

FATHER
12. Name Adolph Bock
13. Birthplace Uniontown, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Meahner
15. Birthplace Perryville, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Elmore W. Koons

(b) Address 4141 Lexington Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Wm. H. Paschedag

(b) Address 2825 N. Grand Blvd.

19. (a) MAR 10 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 9th year 1940 hour 7 minute 20 P. M.

21. I hereby certify that I attended the deceased from Jan 15, 1940, to Mar 9, 1940, that last saw her alive on Mar 9, 1940, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Immediate cause of death Intestinal Occlusion | |
| Due to Adeno-Carcinoma of Colon | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings of operations Ca. Of Colon | |
| Of autopsy | |

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence (c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm. A. Wilson (M. D. or other)

Address 6144 Natural Bridge Ave. Date signed 3/10/40

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____, Registered Apprentice No._____ working under my personal supervision.

Signed J. G. Sullivan

Licensed Embalmer No. 1122

P. O. Address_____

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**